

Fill in this information to identify the case:

Debtor 1

Rickie L. Petry
First Name Middle Name Last Name

Debtor 2

(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of Minnesota

(State)

Case number: 18-31931 MN

RECEIVED

AUG 29 2022

TIME: _____

**CLERK, U.S. BANKRUPTCY COURT
ST. PAUL, MINNESOTA**

Form 1340 (12/19) (MNB)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information Application is made for payment of unclaimed funds in the sum of \$1392.17 which funds were deposited with the Clerk of Bankruptcy Court for the District of Minnesota by the trustee on 10-1-19, representing the amount of an uncashed dividend check payable to Rickie L. Petry and sent to the following address: 5898 Blackberry Bridge Ave Eagan, MN. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	<u>\$1,392.17</u>
Claimant's ¹ Name:	<u>Rickie L. Petry</u>
Claimant's Current Mailing Address, Telephone Number, and Email Address:	<u>4362 Lodge Pole Dr., Eagan, MN 55122</u> <u>612-387-7229</u> <u>r.petry@comcast.net</u>

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's Requirements for filing an Application for Payment of Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
District of Minnesota
300 South Fourth Street
Suite 600
Minneapolis, MN 55415

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 8/29/22

Signature of Applicant

Printed Name of Applicant

Address: 4362 Lodgepole Dr.
Eagan, MN 55122

Telephone: 612-387-7229

Email: r.petry@comcast.net

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF Minnesota

COUNTY OF Washington

This Application for Unclaimed Funds, dated 8/29/2022 was subscribed and sworn to before me this 29th day of August, 20 22 by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)



SHARON H. VANLEER
Notary Public Minnesota
My Commission Expires Jan 31, 2025

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20 _____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires: _____